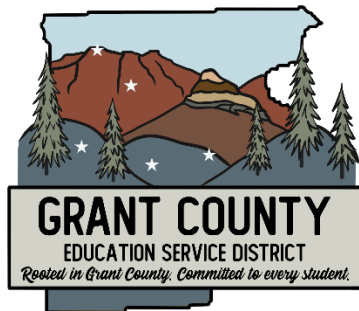




835 S Canyon Blvd
John Day, OR 97845
(541)575-1349
Fax: (541)575-3601
www.grantesd.k12.or.us

Robert Waltenburg, Superintendent
Emma Winkelman, Business Manager

Understanding Your Pay Statement

Grant County ESD provides all employees with an itemized pay statement every time wages are paid, as required under Oregon law (ORS 652.610; OAR 839-020-0012). This guide explains the information you will see on your pay stub.

Electronic Pay Statements

- Grant County ESD provides electronic pay statements through email (if you receive direct deposit) & mail (if you receive a paper check).
- Employees must be able to view, save, or print the statement at the time of receipt.

Questions or Concerns - Please contact the Heidi Hallgarth at the ESD at 541-575-4063 or hhallgarth@grantesd.org.

Pay Period & Payday

- Payroll cutoff date: the 10th of every month
- Pay Period (Salaried Employees) – 1st – 31st of each month (Example pay period = July 1st – July 31st)
- Pay Period (Hourly Employees) – 11th – 10th of each month (Example pay period = July 11th – August 10th)
- Pay Frequency: Once per month
- Payday: 15th of the month
- If payday falls on a weekend or holiday, payday occurs on the prior business day.
- Workweek for purposes of overtime (if applicable): 12:00am Sunday through 11:59pm Saturday

What You Will See on Your Pay Stub

1. Personal & Employer Information

Located at the top left and right of your pay stub, and below the actual check portion:

- Employer Name, Address, state ID number & Phone Number (only if direct deposit slip, does not show on paper checks)
- Employee Name

2. Pay Period & Check Information

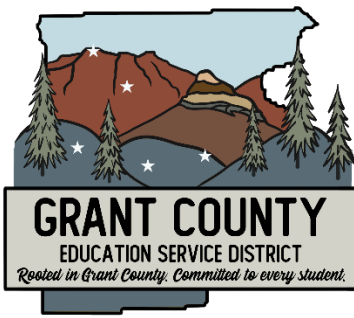
- Pay Period (ex. 6)
- Pay Cycle (Monthly)
- Pay Period Start Date and End Date (ex. 12/01/2025 & 12/31/2025)
- Pay Date (example: 12/15/25)
- Check Number or Deposit Date (direct deposit)
- Federal & State Withholdings Elections (Examples: "Federal: Single or Married filing separately, Ex: 0", "State: OR, Allowance: 1, Single")

3. Earnings Section

This section shows how your pay was calculated, by paid position description (please reference your individual contract for details on earnings rates).

o Types of Pay:

- Regular - includes any earnings at your regular rate of pay (either hourly or salaried), as well as any extra duty pay and over contract hours that do not qualify as over time.
- Overtime – includes time required by law to be paid at a rate higher than regular rate (time and a half). Not all employees are eligible for overtime – see your individual contract to determine if you are eligible for overtime.



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Understanding your Pay Statement (Continued)

o Each line shows:

- Position Description (example: SPED Aide, Teacher – 6th Grade)
- Reg Hrs/Units – hours worked on regular time basis
- O/T Hrs/Units – hours worked on overtime basis
- Rate – pay per hour/unit of regular time
- O/T Rate – pay per hour/unit of overtime
- Amt – Dollar amount of regular pay
- Over Time – dollar amount of overtime pay
- YTD – Year to Date dollar amount paid
- FTD – Fiscal Year to Date dollar amount paid (only appears on paper checks)

4. Employee Deductions:

This section lists all employee paid deductions, both those required by law, and those the employee has voluntarily enrolled in. Potential employee deductions are listed below.

5. Leave Accumulated:

This section shows each leave type available to the employee, along with beginning balance, quantity used, quantity accrued, quantity adjusted, and Balance Available. Please reference the employee handbook for types of leave available for use.

6. Employer Paid Benefits:

This section lists all employer paid deductions, both those required by law, and those that Grant County ESD offers their employees as part of the benefits package. Potential employer paid benefits deductions are listed below:

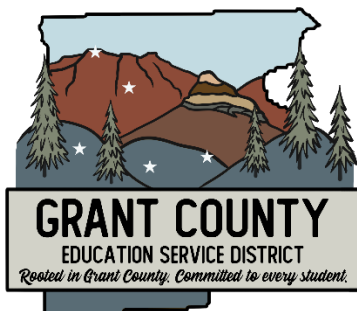
Potential Employee Deductions & Employer Paid Benefits:

Employee and Employer Paid:

- FICA - Social Security
- FICA – Medicare
- Paid Family Medical Leave
- OEGB Medical (Medical, Dental & Vision Insurance) –*Employee may pay if premiums exceed District paid cap.*
- OEGB Medical – 10 Month Employees (Medical, Dental & Vision Insurance) –*Employee may pay if premiums exceed District paid cap.*
- Workers Benefit Assessment

Employee Only Paid:

- Federal Withholding (Income Tax)
- State Withholding (Income Tax)
- American Fidelity
- American Fidelity – 403B
- American Fidelity – Not Tax-Deductible
- American Fidelity Assurance - Flex
- American Fidelity HSA (Health Savings Account)
- Aspire Financial



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Understanding your Pay Statement (Continued)

Employee Only Paid (Continued):

- Direct Deposit Deduction
- Direct Deposit Deduction II
- Direct Deposit Net Pay
- Employee Draw
- OEBC-Life & AD&D (Life Insurance and/or Accidental Death & Dismemberment Insurance)
- OEBC-Life & AD&D – 10 Month Employees (Life Insurance and/or Accidental Death & Dismemberment Insurance)
- Oregon Savings Growth Plan – After-Tax
- Oregon Savings Growth Plan – Pre-Tax
- Oregon Statewide Transit Tax
- PERS IAP Voluntary Contribution (Retirement Contribution)

Employer Only Paid:

- Unemployment (Unemployment Insurance)
- WC 8868 (Worker's Compensation Insurance)
- WC 9101 (Worker's Compensation Insurance)
- WC – DTEC (Worker's Compensation Insurance)
- WC- TRIA (Worker's Compensation Insurance)
- HRA – VEBA (Health Reimbursement Account)
- HRA - VEBA – 10 Month Employees (Health Reimbursement Account)
- PERS – Employee Portion by Employer (Retirement Contribution)
- PERS – Employer Portion (Retirement Contribution)
- PERS UAL (Retirement Contribution)

7. Notes Section

This section is for any special notes provided by the employer, typically used for "Happy Holidays!" wishes and things of that nature.